

How to register a new member?

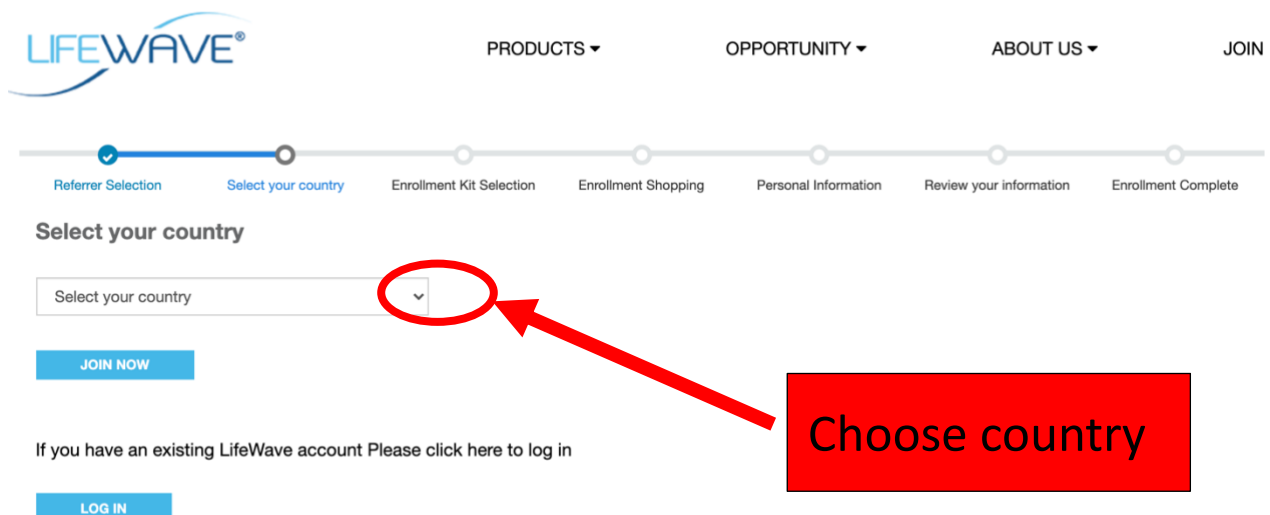
At the beginning of membership registration, you need to

prepare the following information:

1. Name (same as identification documents)
2. Date of birth (month/day/year)
3. Telephone number
4. Email address (if you don't have one, need to register one first)
5. Home Address
6. Credit card information:
 - A. Credit card name
 - B. credit card number
 - C. Credit Card valid period
 - D. Credit Card CVV (3 numbers on the back)

After receiving the link from your friend, open it ~ ~ ~ e.g. :

www.lifewave.com/friend's name



The screenshot shows the LifeWave website registration process. At the top, there is a navigation bar with the LifeWave logo and links for PRODUCTS, OPPORTUNITY, ABOUT US, and JOIN. Below the navigation bar is a progress bar with seven steps: Referrer Selection, Select your country, Enrollment Kit Selection, Enrollment Shopping, Personal Information, Review your information, and Enrollment Complete. The 'Select your country' step is currently active. Below the progress bar, the 'Select your country' step is displayed with a dropdown menu. A red circle highlights the dropdown arrow, and a red arrow points from a red box labeled 'Choose country' to the dropdown menu. Below the dropdown menu is a 'JOIN NOW' button. At the bottom, there is a link for existing users: 'If you have an existing LifeWave account Please click here to log in' with a 'LOG IN' button.

Progress bar: Referrer Selection (checked), **Select your country**, Enrollment Kit Selection, Enrollment Shopping, Personal Information, Review your information, Enrollment Complete

Select your country

- Albania
- Andorra
- Armenia
- ✓ Australia**
- Austria
- Belgium
- Bonaire
- Botswana
- Bulgaria
- Canada
- Cayman Islands
- Croatia
- Curacao
- Cyprus
- Czech Republic

[click here to log in](#)

e.g. Choose Australia

Progress bar: Referrer Selection, **Select your country** (checked), Enrollment Kit Selection, Enrollment Shopping, Personal Information, Review your information, Enrollment Complete

Select your country

Australia ▾

JOIN NOW







If you have an existing LifeWave account Please [click here to](#)

LOG IN

JOIN NOW

Choose Enrollment Kit

Enrollment Kit Selection

What it includes	Enrollment Starter	Enrollment Bronze	Enrollment Silver	Enrollment Gold	Enrollment Platinum	Enrollment Diamond
						
	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>	<input type="button" value="SELECT"/>
Price	\$25.00 USD	\$124.95 USD	\$299.95 USD	\$499.95 USD	\$999.95 USD	\$1,599.95 USD
PV	0	77	165	275	350	390 on enrollment and then 2 Trickle Orders of 110 PV
Wholesale Pricing on Products	✓	✓	✓	✓	✓	✓
Free membership website with training and commission tracking	✓	✓	✓	✓	✓	✓
Potential to earn Weekly Commissions	✓	✓	✓	✓	✓	✓
Unlimited Business Volume from Downline Members	✓	✓	✓	✓	✓	✓
Lowest unit price paid per product						✓
Includes 2 months at 110 PVs						✓
Number of sleeves of regular patches		2 *	6 *	11 *	24 *	39 *

* Patch-only enrollment kit purchases (1 sleeve of Lifewave X39™ = 2 sleeves of regular patches)

If you choose Gold, then

"+" Products can be selected freely

Can be added,
subtracted or
cancelled

PRODUCTS OPPORTUNITY ABOUT US

Referrer Selection Select your country Enrollment Kit Selection Enrollment Shopping Personal Information Review your information Enrollment

Back to Kit Selection Page

Enrollment Gold

Welcome to your Kit Customization! Your kit is currently ready to go. But if you'd like to customize it, just remove any items and add new ones from the categories on the left.

Patches +

Key to Customizing Your Enrollment Kit

- 1 Lifewave X39 = Add 2 Packs of patches
- 1 Alavida Trio = Add 3 Packs of patches or 1 Nirvana System
- 1 Nirvana System = Add 3 Packs of patches or 1 Alavida Trio

Membership Product Customization

Product selections currently reflect products and product quantities that are most commonly chosen for the kit you have selected. To customize your selection, use the minus sign or plus sign to delete or add products.

When you have the correct amount of products in your cart, the progress bar at the bottom of this page will turn green and you can continue.

If the progress bar turns yellow too few products in the shopping cart. You can add more products after the kit is complete.

Note: You will be given the opportunity to add more products to your order on the next page.

Item	Description	Quantity
	LIFEWAVE X39™ PATCHES 39000.003.009	5
	SILENT NIGHTS PATCHES 32001.003.001	1
	ENROLLMENT SALES AIDS ENRSA-AUS English	1

Please click the "continue" button to proceed.

CONTINUE

Match the product and quantity, if the quantity is correct, it will be displayed in **GREEN**, if the quantity is not enough, it will be displayed in **YELLOW**, and if the quantity is too much, it will be displayed in **RED**

Finish choosing, then press **CONTINUE**

All * must fill in

Fill in personal information

Austria English Lifewave HK Log In

LIFEWAVE® PRODUCTS OPPORTUNITY ABOUT US JOIN

Referrer Selection Select your country Enrollment Kit Selection Enrollment Shopping **Personal Information** Review your information Enrollment Complete

Personal Information

Personal Information

FIRST NAME * 1 MIDDLE NAME

LAST NAME *

COMPANY

RECOGNITION CONTENT * ⓘ (Recognition means: newsletters, magazines, certificates of achievement, etc.)

Use my full name for recognition content

Use a custom name for recognition content

Use my company name for recognition content

Opt-Out of printed and public recognition ⓘ

GENDER *


DATE OF BIRTH * 2

MOBILE PHONE * ⓘ 3

PHONE

SECONDARY PHONE

TAX ID OR SOCIAL SECURITY # (IF APPLICABLE)
Select your country for the appropriate Tax ID

Your Enroller 

Order Summary

TODAY'S ORDER

Description	QTY	Price
Subscription	1	\$499.95

Sub Total \$499.95

[EDIT ENROLLMENT KIT SELECTION](#)

[ADD/EDIT ADDITIONAL ITEMS](#)

[ADD/EDIT MONTHLY SUBSCRIPTION ITEMS](#)

Will show in here

TAX ID OR SOCIAL SECURITY # (IF APPLICABLE)

Note: TAX ID Can leave it blank

PREFERRED LANGUAGE

EMAIL *

4

WOULD YOU LIKE TO JOIN A MAILING LIST?

- LifeWave Contact - USA
- LifeWave Contacts - Africa (English Only)
- LifeWave Contacts - Africa (French)
- LifeWave Contacts - Australia (English)
- LifeWave Contacts - Canada (English Only)
- LifeWave Contacts - Canada (French Only)
- LifeWave Contacts - Denmark
- LifeWave Contacts - Europe (English Only)
- LifeWave Contacts - France
- LifeWave Contacts - Germany
- LifeWave Contacts - Indonesia (English)
- LifeWave Contacts - Italy
- LifeWave Contacts - Japanese
- LifeWave Contacts - Mexico
- LifeWave Contacts - New Zealand (English Only)
- LifeWave Contacts - Philippines (English)
- LifeWave Contacts - Poland
- LifeWave Contacts - Spain
- LifeWave Contacts - Taiwan (Traditional Chinese)
- LifeWave Contacts - Turkey (Türkçe)
- LifeWave Contacts - Worldwide (English Only)

Choose your country

Your Address

COUNTRY : AU ?

ADDRESS *

Address 5

ADDRESS 2

Address 2

CITY * ZIP *

City --State-- Zip

Your Personal Website & Login

Your Website: <https://lifewave.com/>

USERNAME *

Username ? Need Help?

PASSWORD *

PLEASE RE-ENTER YOUR PASSWORD *

Password

Your password must be at least 6 characters long and contain 1 special character and 1 capital letter

Show my password

The name you want to appear on the link that invite friends to join the membership in the future.

Shipping Information

Use my main address as my shipping address

FIRST NAME *

First Name Last Name

COUNTRY : AU ?

ADDRESS *

Address

ADDRESS 2

Address 2

CITY * ZIP *

City --State-- Zip

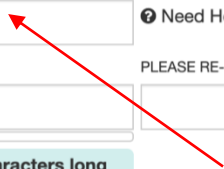
EMAIL *

Email

PHONE *

(+61) Australia Phone

Existing shipping address or adding new shipping address (optional)



6

Billing / Payment

HOW WOULD YOU LIKE TO PAY FOR YOUR ORDER(S)?

Credit Card



CARDHOLDER NAME *

Cardholder Name

A

CARD NUMBER EX. 4770112244556789

B

Format: Numbers only, No Spaces or Dashes

EXPIRATION DATE *

7 - July

C

2021

CW *

CW

D

Use my main address as my billing address

COUNTRY *

Australia

ADDRESS *

Address

ADDRESS 2

Address 2

CITY *

City

ZIP *

--State--

Zip

If you send the bill to yourself, please TICK, do not fill in the following (optional)

Terms and Conditions

Teams and Conditions

Once you have reviewed the Policies, and if you agree to abide by them, please click the "I agree" box located below and continue with your application to become an independent distributor.

PLEASE NOTE THAT BY CLICKING "I AGREE" YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THE POLICIES, AND AGREE TO BE BOUND BY THEM.

I agree to the [Terms and Conditions](#) of the Distributor Agreement and the Policies and Procedures.

SUBMIT

After filling in the information, press

SUBMIT



PRODUCTS ▾

OPPORTUNITY ▾

ABOUT US ▾

JOIN



Check your information
carefully

**ENROLLMENT
COMPLETE**